



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
A+ SCHOOLS PROGRAM – DIVISION OF SCHOOL IMPROVEMENT
P.O. BOX 480
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(573) 751-9094 FAX (573) 522-8455
REQUEST FOR A+ DESIGNATION REVIEW

Date Due:

May 1

SECTION I. SCHOOL INFORMATION

SCHOOL DISTRICT NAME

COUNTY-DISTRICT CODE

____ - ____ - ____ - ____

HIGH SCHOOL NAME

BUILDING NUMBER

____ - ____ - ____ - ____

TELEPHONE NUMBER

FAX NUMBER

SECTION II. INTENT

THE ADMINISTRATORS, STAFF, TEACHERS, AND INTERESTED COMMUNITY OF THIS SCHOOL HAVE MADE THE DECISION TO ASK FOR A DESIGNATION REVIEW DURING THE _____ SCHOOL YEAR (Example: 2006-07 is the 2007 School Year)

SECTION III. POSSIBLE DATES WE ARE REQUESTING FOR OUR REVIEW

Option 1: Date: _____ (Fall Date)

Option 2: Date: _____ (Spring Date)

Option 3: Date: _____ (Spring Date)

Fourth cycle MSIP Review Date: _____
(Designation review must occur during MSIP review if already scheduled for the same year)

SECTION IV. NUMBER OF STUDENTS IN 12TH GRADE

NUMBER OF 12th GRADE STUDENTS WITH SIGNED A+ AGREEMENT IN THE YEAR OF THE DESIGNATION REVIEW: _____

SECTION V. SIGNATURES (ORIGINAL SIGNATURES)

BUILDING PRINCIPAL

TELEPHONE NUMBER

DATE:

Printed Name:

A+ COORDINATOR

TELEPHONE NUMBER

DATE

Printed Name:

SUPERINTENDENT

TELEPHONE NUMBER

DATE

Printed Name:

DESE USE ONLY

Date of Review :

Team Leader

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